

Postgraduate Conference.* Attention of officers of county societies is directed thereto, in the hope that, through similar coöperative effort, councilor conferences may be inaugurated in other districts. In this connection, attention may also be called to the district societies provided for in the by-laws of the American and California Medical Association, but which, in California, by contrast to some of the state medical associations in the Middle West and East, have never been organized.

The value to be derived from district organization is not to be discounted, because, through such contacts, it is possible for many members of the State Association who do not attend its annual sessions to meet colleagues and benefit from the exchange of views on topics related to scientific and organized medicine. Therefore, since postgraduate conferences sponsored by district councilors and committees can present programs analogous to those given at the annual sessions of the California Medical Association, and also afford opportunities for scientific and fraternal exchanges for many physicians who, because of the extensive geographical domain of California, find it difficult to get to the annual State meetings, it would be in order to encourage district postgraduate or refresher conferences.

The California Medical Association Committee on Postgraduate Activities, which may be addressed at the central office of the Association (450 Sutter Street, San Francisco), will, as usual, be glad to furnish all possible aid in any such endeavors.

Query: Which of the other eight councilor areas will be the first to follow the example set by the Mother Lode Eighth Councilor District?

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On Extra- and Intramural Postgraduate Conferences of Other State Associations.—Before leaving this subject, mention may be made again that, in a number of states, the constituent medical associations, in coöperation with the faculties of their respective medical schools, offer what are known as intramural courses, these being given in coördination with extramural courses—a descriptive term used to refer to courses presented in less thickly populated areas. It is interesting to know that the development of the extramural courses has led to an increased attendance by physicians who are in practice in the nonmetropolitan areas at the intramural conferences held in the metropolitan centers.

In California, great opportunities are available for its four medical schools—two in San Francisco and two in Los Angeles—if their faculties would agree to offer, once or twice each year, in their county hospitals—where a wealth of clinical material is available—one- or two-day refresher courses in review or postgraduate work, that would be open to members of the medical profession throughout the State.

Such coöperation could be made of value to physicians practicing in both metropolitan and rural areas, as well as to faculty members who would make such follow-up studies available to colleagues

in practice in all parts of the State. Why should not such a series of courses be seriously considered by our four medical schools?

SCIENTIFIC EXHIBITS AT THE 1941 ANNUAL SESSION OF THE CALIFORNIA MEDICAL ASSOCIATION

Next Annual Session to Be Held at Del Monte, May 5-8, 1941.—In previous issues of the OFFICIAL JOURNAL, members of the California Medical Association were reminded that next year's annual session will be held on May 5-8, at Hotel Del Monte, and that it would be desirable that all who contemplated the submittal of titles for papers to be read before the specialty sections should communicate at an early day with the proper section officers.* Mention was made, too, of proposed changes in the hotel arrangements, through which increased facilities for meeting rooms may be available. Also, that it was in order, for all who contemplate attendance at the 1941 session, to write to Hotel Del Monte, at Del Monte, California, and place their reservations on file.

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Scientific Exhibits to Be Prominently Displayed: Coöperation Invited.—Attention is called at this time to tentative plans for a larger scope and display of scientific exhibits, whereby it is hoped to present material, both in quantity and quality, that will measure up to the best standards of such scientific exhibit departments, as given by some of the state medical associations of the East and the American Medical Association.

A cordial invitation to participate is extended, not only to individual members of the California Medical Association, but to organizations such as the California Heart and Tuberculosis Associations, the four Medical Schools, and the Hooper Foundation, and to affiliated professional groups such as Societies and Boards in Dentistry and Pharmacy, and to State departments having bureaus or activities related to the public health.

If coöperation can be secured from agencies such as have been listed, the interest and value of the 1941 annual session of the California Medical Association will be greatly enhanced. Requests for further information will be gladly answered by the Association Secretary, who may be addressed at 450 Sutter Street, San Francisco.

NO COMPULSORY HEALTH INITIATIVE IN 1940

Initiative Petition Has Failed to Materialize. Owing probably to the seriousness of the world's existing turmoil, California's advance guard of social welfare propagandists has seemingly deemed it wise to abate somewhat in its efforts to inflict a compulsory health insurance law upon the State's

* Addresses of section officers are given in each issue of CALIFORNIA AND WESTERN MEDICINE, on Advertising page 6. For other information concerning the 1941 annual session, see CALIFORNIA AND WESTERN MEDICINE, August, 1940, page 55.

* Program appears on page 136.

citizenry. At any rate, the initiative petition for such a law—threatened in 1939 in the Assembly Halls at Sacramento as certain to have a place on the State election ballot of November, 1940—has not materialized. That does not mean, however, that leaders among the advocates of a compulsory health law have cast their plans aside. Rather, doubtless, for the moment, they are willing to bide their time until political and other conditions better warrant success in the attainment of their objectives. Whether they are earnestly studying the deficiencies in their paper plans is not known; but that there is certainly need for such intensive application by them, if they would more truly understand the cause they have espoused and promoted as a prophylactic and cure for the hardships so often associated with sickness and injury—especially among citizens of lower-bracket income—must be evident to all who have listened to their discussions and claims. Perhaps, if they would continue their studies, laying aside at the same time some of their prejudices and past conclusions, as arrived at by so many on the basis of erroneous premises, they may yet be persuaded to understand that adequate medical service comprehends not only the element of *quantity*, or number of physicians, but the even more important factor, *quality*, or kind of medical service to be rendered.

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Further Study Indicated for Proponents of Compulsory Health Systems.—In spite of the marvelous advances in conservation of health and life—in which the United States leads the world, and let it not be forgotten, advances made under the existing system of medical practice—it still remains true that a host of well-intentioned theorists display an almost hopeless incapacity to properly orient themselves concerning the healing art, and the means through which, in practice, it has attained its excellent results; and also why changes in medical practice procedures advocated in compulsory health system statutes would make worse, rather than improve, any existing deficiencies.

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Causes and Effects Are Confused.—This existence of erroneous thinking by such persons is difficult to understand, since it can so easily be demonstrated that the responsible factors, for whatever inadequate service may exist, are to be found in most instances, not in the set-up of private or public health medical practice as now existing, but rather in the contributory causative agents of disease, such as poverty, vicious habits, hereditary taints or other conditions. If these elements could be eliminated as etiologic factors, the number of citizens, concerning whom it might be stated that their health or lives had been endangered through lack of accessible medical care, would, in most states of the Union, be found to be almost inconsequential. Wherefore, in this interim between active propaganda campaigns for a compulsory health law for California, the advice is given to proponents of such a measure: that they assiduously endeavor better to comprehend the real nature of the problem they seem so anxious to solve.

A DEPARTURE IN DENTAL EDUCATION: HARVARD'S "SCHOOL OF DENTAL MEDICINE"

Doctors of Medicine in Dentistry.—A notable advance in dental education has recently been announced by Harvard University, that institution having decided no longer to conduct its dental department along the lines of other schools of dentistry, but hereafter as a four-year medical course, with a fifth year devoted to technical and mechanical procedures. In short, Harvard University offers, to matriculants in its dental school, a curriculum in which dentistry will be considered as a specialty in medicine rather than as a separate profession. This radical change in dental teaching has been made possible, in part, through an allocation by the Rockefeller Foundation of "\$400,000 as endowment to the School of Dental Medicine of Harvard University, on condition that the University increase endowment of the School by \$2,150,000; \$1,000,000 to be transferred from University funds and \$1,150,000 to be secured elsewhere before October 1, 1941."

The annual report of the Rockefeller Foundation for 1939 states:

In recognition of the present situation in dentistry, Harvard University has drafted a reorganization of its dental school, which will place dentistry on the basis of a specialty of medicine. The Dental School will become the School of Dental Medicine, and graduates of the School of Dental Medicine, after finishing the same preclinical courses and much of the same clinical work given the medical students, will be entitled to the degree of Doctor of Dental Medicine.

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Reasons for the Change.—The Rockefeller statement also presents the following pungent thoughts, with which many physicians will agree:

Most students of dental education believe that a shift from emphasis upon mechanical ingenuity to emphasis upon the biological sciences underlying medicine itself, but equally applicable to dentistry, would form the wisest course for the improvement in dental education. The dentist stands to gain from a wider knowledge of medicine—and he knows it. The physician would profit from a better knowledge of the factors underlying the anatomy, physiology, and pathology of the oral cavity—whether he knows it or not. The time has arrived for some active and intelligent team play between a well-supported school of dentistry and a school of medicine.

It will be interesting, therefore, to observe how this new plan of dental education and training will be received by dental schools in the United States and also to note as the years go by the influence of this experiment upon American medical and dental schools.

ON VARIOUS TOPICS

Disease Outbreaks Resulting from Faulty Environmental Sanitation.—It may be of interest to some physicians to learn that not until last year did the United States Public Health Service authorize "a nation-wide survey of outbreaks of disease caused by faulty sanitation in general."

In an interesting article, appearing in *Public Health Reports*, Vol. 55, No. 31, August 2, 1940, Leslie C. Frank, Senior Sanitary Engineer, U. S. P. H. S., calls attention to the fact that the reports